

WHITTIER DENTAL IMAGING LLC

12468 Washington Blvd. Whittier, CA 90602

Please Call for an appointment: 562-907-5590 • *Hablamos Español*

WHITTIERDENTALIMAGING.COM

Patient's Name: _____

Date of Appointment: _____ Time: _____

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|----|---|-----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1. | ORTHODONTIC SURVEY (Requirements on file)
Beginning Progress Final | 9. | OCCLUSAL
Maxillary Mandibular Topo 90° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | PANORAMIC
(One Film) | 10. | FMX (16 Periapicals, Bite Wings & OCC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | PHOTOGRAPHS | 11. | OTHER AREAS INDICATED
R <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr><tr><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td></tr></table> L | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | | | | | | | | | | | | | | | | | | | |
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | | | | | | | | | | | | | | | | | | | | |
| 4. | CEPHALOMETRIC PROFILE Tracing | 12. | CBCT - FULL SKULL (15.4 x15.4 cm) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | CEPHALOMETRIC P. A. Tracing | 13. | CBCT (15.4 x 8 cm) Maxillary Mandible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | CARPAL INDEX (Wrist) | 14. | CBCT TMJ Open Closed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | PANORAMIC TMJ Open Closed | 15. | ORTHODONTIC CBCT SCAN (Includes: Ceph profile & Tracing) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | DIGITAL INTRA ORAL SCAN | 16. | RADIOLOGIST REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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If you are more than 10 min. late you may be rescheduled.

Referred by Dr. _____

Payment is due at time of appointment.

Please bring this referral with you

60 FWY

Whittier Dental Imaging LLC
12468 Washington Blvd.
(In the Medical Plaza)



WHITTIER BLVD.

Presbyterian
Hospital

WASHINGTON

605 FWY

SANTA FE SPRINGS

GREENLEAF

PAINTER

WHITTIER BLVD

5 FWY

GREENLEAF

LAMBERT RD.

COLIMA

